

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212538651					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: National Association of Insurance and Financial Advisors of Virginia, Inc. (NAIFA-Virginia)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARIE T MERCER 3108 N PARHAM RD STE 100A HENRICO, VA 23294-4415</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2012</p> <p>SCC ID NO: 00455402</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 3108 N PARHAM RD STE 100-A</p> <p style="text-align: center;">CITY/ST/ZIP: HENRICO, VA 23294-4415</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVEN OVERLY TITLE: IMMED PAST PRES ADDRESS: 230 POWERS CT. CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23601 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: STEVEN OVERLY TITLE: IMMED PAST PRES ADDRESS: 230 POWERS CT. CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23601	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM FREE DIRECTOR 10306 EATON PLACE SUITE 420 FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN HOLT PRESIDENT 10 SOUTH JEFFERSON ST SUITE 850 ROANOKE, VA 24011	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD JOHNSTON DIRECTOR 4356 BONNEY ROAD BLDG. 2, SUITE 101 VIRGINIA BEACH, VA 23452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY LAYNE DIRECTOR 3951 WESTERRE PKWY SUITE 400 RICHMOND, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH O'REILLY PATE DIRECTOR 150 RIVERSIDE PARKWAY SUITE 207 FREDERICKSBURG, VA 22406	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS RADDATZ DIRECTOR 999 WATERSIDE DRIVE SUITE 900 NORFOLK, VA 23514	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARRELL RITCHIE DIRECTOR P.O. DRAWER 269 ABINGDON, VA 24212-0269	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARIE T MERCER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARIE T MERCER, EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE	10/7/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			